EXHIBIT A

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS DALLAS DIVISION

TEAM HEALTHCARE/DIAGNOSTIC	§	
CORPORATION,	§	
	§	
Plaintiff,	§	
	§	C.A. No
V.	§	
	§	
PRINCIPAL LIFE INSURANCE	§	
COMPANY,	§	
	§	
Defendant.		

EXHIBIT "A" DEFENDANT PRINCIPAL LIFE INSURANCE COMPANY'S INDEX OF STATE COURT FILED DOCUMENTS

	State Court Document	Date Filed or Served
1.	Copy of Docket Report	08/15/11
2.	Plaintiff's Original Petition	07/18/11
3.	Citation to Principal Life Insurance Company	07/21/11
4.	Defendant's Original Answer	08/15/11

Respectfully submitted,

By: s/ Doug K. Butler
Doug K. Butler
State Bar No. 03516050

FIGARI & DAVENPORT, L.L.P. 3400 Bank of America Plaza 901 Main Street, LB 125 Dallas, Texas 75202-3796 (214) 939-2000 (214) 939-2090 (Facsimile)

ATTORNEYS FOR DEFENDANT PRINCIPAL LIFE INSURANCE COMPANY

CERTIFICATE OF SERVICE

I hereby certify that the foregoing document was served via certified mail, return receipt requested, on the parties listed below, on this the 19th day of August, 2011:

Marguerite Broussard Attorney at Law 320 Decker Drive, Suite 100 Irving, Texas 75062

Allen R. Weed Attorney at Law 10440 N. Central Expressway, Suite 1400 Dallas, Texas 75231

s/ Doug K. Butler
Doug K. Butler

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Case 3:11-cv-02078-L Document 1-1 Filed 08/19/11 Page 5 of 24 PageID 14 CASE SUMMARY

CASE NO. DC-11-08856

TEAM HEALTHCARE/DIAGNOSTIC CORPORATION vs. PRINCIPAL LIFE INSURANCE COMPANY			Judicial Officer:	298th District TOBOLOW 07/18/2011	
***************************************	CASE INF	ORMATIO	N		
			Case Type: OTI	HER (CIVIL)	
	PARTY IN	FORMATI	ON		
PLAINTIFF	TEAM HEALTHCARE/DIAGNOSTIC C	ORPORA	ATION	Lead	Attorneys BROUSSARD, MARGUERITE Retained 972-719-2627(W)
DEFENDANT	PRINCIPAL LIFE INSURANCE COMPA	ANY			
DATE	EVENTS & ORDERS OF THE COURT				INDEX
07/18/2011	ORIGINAL PETITION (OCA)				
07/18/2011	ISSUE CITATION				
07/20/2011	CITATION PRINCIPAL LIFE INSURANCE COMPANY Served: 07/21/2011				
DATE	FINAN	CIAL INFO	ORMATION		
	PLAINTIFF TEAM HEALTHCARE/DIAGNOT Total Charges Total Payments and Credits Balance Due as of 8/15/2011	OSTIC CO	RPORATION		264.00 264.00 0.00
07/18/2011	Charge		PLAINTIFF TEAM HEALTHCARE/DIAGN	NOSTIC	17.00
07/19/2011	Charge		CORPORATION PLAINTIFF TEAM HEALTHCARE/DIAGN	NOSTIC	247.00
07/21/2011	PAYMENT Receipt # 44684-2011-DCLF (CASE FEES)	ζ.	CORPORATION PLAINTIFF TEAM HEALTHCARE/DIAGN	NOSTIC	(264.00)

CORPORATION

STATE OF TEXAS COUNTY OF DALLAS

I, GARY FITZSIMMONS, Clerk of the District of Dallas County, Texas, do hereby certify that I have compared this instrument to be a true and correct copy of the original as appears of record in my office.

GIVEN UNDER MY HAND AND SEAL of said Court, at office in Dallas, Texas, this 15th day of august, A.D. 2011.

GARY FITZSHMMONS, DISCHOT CLERK

By Butty P. Domin

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1 CIT ATTY

Filed 11 July 18 P5:06 Gary Fitzsimmons District Clerk Dallas District

Cause No. DC-11-08856

TEAM HEALTHCARE/DIAGNOSTIC CORPORATION,	§ §	IN THE DISTRICT COURT
Plaintiff,	§ §	
v.	§ §	M-298TH HIDICIAL DISTRICT
	§ §	M-298TH JUDICIAL DISTRICT
PRINCIPAL LIFE INSURANCE	§	
COMPANY,	§	
,	§	
Defendant.	§	DALLAS COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

Plaintiff Team Healthcare/Diagnostic Corporation hereby files its Original Petition against Defendant Principal Life Insurance Company. Plaintiff would show the Court the following:

Parties

- 1. Plaintiff Team Healthcare/Diagnostic Corporation ("THC/Diagnostic") is a Texas corporation that at all times giving rise to this lawsuit was doing business in Dallas County, Texas.
- 2. Defendant Principal Life Insurance Company ("PLIC") is an insurance company and an Iowa corporation that at all times giving rise to this lawsuit was doing business in Dallas County, Texas. Defendant PLIC may be served with process by serving its attorney for service, Corporation Service Company, at 211 East 7th Street, Suite 620, Austin, Texas 78701.

Venue

3. Venue is proper in Dallas County because all or a substantial part of the events or omissions giving rise to this lawsuit occurred there.

Agency

4. Any time that it is alleged that Defendant PLIC did an act or failed to do any act or thing, it is meant that its authorized, apparent or ostensible agents, employees or representatives did such act or failed to do such act or thing, thereby making Defendant PLIC vicariously liable.

Conditions Precedent

5. Defendant PLIC has received written notice of these claims in accordance with the Texas Insurance Code and as otherwise required by any applicable law.

Facts

- 6. Defendant PLIC provides health insurance coverage to Texas insureds and administers plans under which Plaintiff's patients receive their insurance.
- 7. Plaintiff THC/Diagnostic is a healthcare provider. It has provided mobile cardiopulmonary diagnostic exercise tests to patients in the Dallas-Fort Worth metroplex since 1998.
- 8. Plaintiff THC/Diagnostic tests patients who are referred by their primary care physicians. Patients undergo the tests in their doctors' offices after. THC/Diagnostic's medical technicians provide and set up the equipment, administer the tests and discuss the initial results on site with the doctors. The doctors receive a more comprehensive written report a few days later, which they then interpret.
- 9. Plaintiff THC/Diagnostic's tests are unique for two reasons. First, the equipment is mobile, allowing the tests to be administered in the physicians' offices. Second, the cardiopulmonary exercise test's predictive accuracy is greater than both the stress echo and the nuclear study, both of which are administered in a cardiologist's office. Significantly, one-quarter of all patients to whom this test is administered are found to have a cardiopulmonary

abnormality warranting further investigation or specialist referral, while another 25% have exaggerated hypertensive responses indicating suboptimal blood pressure control. No other healthcare provider in North Texas administers this test.

- 10. After the test, the doctors submit insurance claims for their professional services, while Plaintiff THC/Diagnostic submits claims for its technical services on the basis of assignments of benefits executed by patients. When healthcare providers submit insurance claims, they use numeric codes to describe the healthcare services that are the basis for the claim. These numeric codes and modifiers are called Current Practice Terminology codes ("CPT codes"). These codes and modifiers are developed and maintained by the American Medical Association. The AMA CPT codes and modifiers allow healthcare providers to submit claims separately for the professional component of a claim and for the technical component of a claim.
- 11. Added to the basic CPT codes are numeric modifiers which show among other things whether the procedures described by the CPT codes were provided by a professional or technical provider. Thus, when a doctor orders a test from THC/Diagnostic, the doctor routinely submits a claim for his or her professional services in interpreting the test results. THC/Diagnostic likewise submits a claim for its technical services in administering the test to the patient. Both the doctor and THC/Diagnostic use the same basic CPT codes in their medical claims to describe the services provided. However, THC/Diagnostic uses a numeric modifier indicating that its claim is for the technical component of the test, while the doctor uses a different modifier showing that the claim is for the professional component of the test.
- 12. After receiving a request from a primary care physician to schedule a test, Plaintiff THC/Diagnostic requests and obtains a certificate of medical necessity from the physician. In addition, THC/Diagnostic contacts the patient's insurance company to verify coverage, benefits

payable, the patient's deductible and whether that deductible has been met. When verifying coverage, THC/Diagnostic provides the CPT codes under which the test is to be billed so that the insurer knows exactly what test is going to be administered. All of this is done prior to administering each test, and all of these procedures were followed with regard to the unpaid healthcare claims made the basis for this lawsuit.

- 13. Plaintiff THC/Diagnostic has administered this test to patients insured by Defendant PLIC since at least 1999. THC/Diagnostic has never had a provider agreement with Defendant. THC/Diagnostic provides its services at the request of primary care physicians who do have provider agreements with Defendant. Those physicians request THC/Diagnostic's services because the services provided by THC/Diagnostic are not reasonably available within the networks of Defendant's insureds.
- 14. From September 2007 through the present, Defendant has refused to pay properly and timely submitted claims for covered services after representing that coverage exists for the services to be provided. In addition, Defendant has refused to pay Plaintiff's usual and customary rates on properly submitted claims. On 13 of 16 claims submitted during this time frame, Defendant has refused to pay anything. Defendant has wrongfully denied claims totaling a minimum of \$43,815.20.
- 15. Even though the test which Plaintiff has administered has been used extensively since the 1980s, Defendant typically denies the claims on the grounds that the test is investigational or experimental.
- 16. Plaintiff has contacted Defendant multiple times in writing to resolve this matter, but its efforts have been unsuccessful. Defendant has given Plaintiff no alternative but to file this lawsuit.

CAUSES OF ACTION

TEXAS INSURANCE CODE CHAPTER §1301.101 ET SEQ. PROMPT PAYMENT OF CLEAN CLAIMS

- 17. Plaintiff realleges the facts set forth above. Plaintiff provided to Defendant's insureds either care related to an emergency or its attendant episode of care and/or specialty medical care or healthcare services at the request of the insureds' primary care physicians. These primary care physicians were preferred providers, and they requested Plaintiff's services because Plaintiff's services were not reasonably available from a preferred provider who was included in the insureds' networks. Therefore, pursuant to §1301.069 of the Texas Insurance Code, the insurance claims made the basis for this lawsuit are subject to §1301.101 et seq. of the Texas Insurance Code. Each claim made the basis for this lawsuit was a clean claim that was submitted on or before the 95th day after Plaintiff's services were provided to Defendant's insureds. Plaintiff's usual and customary charges for the services it provided to these patients was set forth in those claims.
- 18. Plaintiff provided medically necessary services to Defendant's insureds and billed its usual and customary charges for those services, and its charges were reasonable at the time and place they were rendered. In violation of §1301.103, Defendant failed to timely take action on the claims made the basis for this lawsuit. Defendant failed to timely pay claims that were payable or to pay portions of claims that were payable. All of Plaintiff's claims made the basis for this lawsuit were payable, but Defendant has failed and refused to pay them, or to pay them at the proper rate.

Actual Damages and Attorneys' Fees

19. Therefore, Defendant is liable for the amount of Plaintiff's unpaid claims in the minimum amount of \$43,815.20 plus Plaintiff's reasonable attorneys' fees.

Statutory Penalties

20. In addition, Defendants are liable to Plaintiff for the statutory penalties provided for under Texas Insurance Code §1301.137.

UNJUST ENRICHMENT

- 21. By providing its medical services to Defendant's insureds, Plaintiff has conferred a benefit on Defendant. By wrongfully withholding payment in full and/or in part for such services and materials, Defendant obtained a benefit by the taking of an undue advantage. Defendant will be unjustly enriched if it is able to keep the benefit of Plaintiff's services without paying for them.
- 22. Therefore, Plaintiff is entitled to recover actual damages from Defendant for unjust enrichment in the minimum amount of \$43,815.20.

QUANTUM MERUIT

- Plaintiff provided valuable medical services to Defendant and its insureds. Defendant is the party sought to be charged for these valuable services. Defendant accepted Plaintiff's services under circumstances where Defendant was reasonably notified that Plaintiff, in providing its services, expected Defendant to pay for them. More specifically, Plaintiff spoke with Defendant and after providing detailed information about the services it planned to provide, obtained verification from Defendant regarding the coverage that was available to pay Plaintiff for its healthcare services.
- 24. Defendant then failed to pay for Plaintiff's services at all, or failed to pay in full.

25. Therefore, Plaintiff is entitled to recover from Defendant on its claim for quantum meruit in the minimum amount of \$43,815.20.

PROMISSORY ESTOPPEL

26. Plaintiff realleges the facts set forth above. With regard to the healthcare claims made the basis for this lawsuit, Plaintiff obtained verification from Defendant of the coverage available to pay Plaintiff for its healthcare services. Based on Defendant's statements, the clear implication to Plaintiff was that some payment would be forthcoming, and it was foreseeable to Defendants that Plaintiffs would rely on that belief by providing its services to Defendant's insureds. Plaintiff substantially relied upon Defendant's statements by providing medical services to Defendants' insureds. Thus, relying on Defendant's statements has been to Plaintiff's detriment. As a result, Plaintiff has sustained damages in the minimum amount of \$43,815.20.

REQUEST FOR RELIEF

Therefore, Plaintiff requests that Defendant be cited to appear and answer, and that upon final trial, Plaintiff have and recover judgment against Defendant for the following:

- a. Actual damages in the minimum amount of \$43,815.20;
- Applicable statutory penalties and interest under Chapters 1301 of the Texas
 Insurance Code;
- c. Plaintiff's court costs and reasonable attorneys' fees;
- d. Pre- and post-judgment interest at the highest rate allowed by law;
- e. Costs of court; and
- f. Such other and further relief to which Plaintiff may be justly entitled.

Respectfully submitted,

/s/ Marguerite Broussard Texas Bar No. 00792372

320 Decker Dr., Suite 100 Irving, Texas 75062 Telephone: (972) 719-2627 Facsimile: (972) 719-2628 mbroussard@broussardlawfirm.com

/s/ Allen R. Weed Texas Bar No. 21062000

10440 N. Central Expressway Suite 1400 Dallas, Texas 75231 Telephone: (214) 360-1071 Facsimile: (214) 360-1073 allenweed@sbcglobal.net

ATTORNEYS FOR PLAINTIFF TEAM HEALTHCARE/DIAGNOSTIC CORPORATION

Case 3:11-cv-02078-L DocGHYUNCASE INTORMATION SHEET ge 16 of 24 PageID 25

CAUSE NUMBER (FOR	CLERK USE ONLY):		Co	OURT (FUR CLERK U	SE UNLY); _	
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(e			re Mary Ann Jones; In the M			
A civil case information sheet mu health case or when a post-judgm the time of filing. This sheet, appr nor supplements the filings or se supplementation, and it is not adm	ent petition for modifi- oved by the Texas Jud- rvice of pleading or o	cation or motion for icial Council, is inter	enforcement is filed in a ided to collect information	family law case. The third that will be used for	e informatio r statistical i	on should be the best available at purposes only. It neither replaces
1. Contact information for perso	n completing case inf	ormation sheet:	Names of parties in c	ase:		or entity completing sheet is:
Name: Marguerite Broussard	Email: mbroussard@ broussardlawfirm.com		Plaintiff(s)/Petitioner(s): Team Healthcare/Diagnostic Corporation		MAttorney for Plaintiff/Petitioner Pro Se Plaintiff/Petitioner ☐ Title IV-D Agency ☐ Other:	
Address: 320 Decker Dr., Suite 100	Telephone: (927) 719-2627					l Parties in Child Support Case:
City/State/Zip: Irving, TX 75062	Fax: (972) 719-2628		Defendant(s)/Respondent(s): Principal Life Insurance Company		Custodial Parent: Non-Custodial Parent:	
Signature:	State Bar No: 00792372				Presumed	Father:
Margaro 1200			[Attach additional page as ne-	cessary to list all parties]		
2. Indicate case type, or identify	the most important i	ssue in the case <i>(sel</i>	ect only 1):		na ing pagalang	
	Civil				Fam	ily Law
Contract	Injury or Dan	nage	Real Property	Marriage Relat	ionship	Post-judgment Actions (non-Title IV-D)
Debt/Contract Consumer/DTPA Debt/Contract Fraud/Misrepresentation Other Debt/Contract: Foreclosure Home Equity—Expedited Other Foreclosure Franchise Insurance	Assault/Battery Construction Defamation Malpractice Accounting Legal Medical Other Professio Liability:	nal	minent Domain/ ondemnation artition uiet Title respass to Try Title ther Property: Related to Criminal Matters	☐Annulment ☐Declare Marria Divorce ☐With Childr ☐No Childrer	ren i	□ Enforcement □ Modification—Custody □ Modification—Other Title IV-D □ Enforcement/Modification □ Paternity □ Reciprocals (UIFSA) □ Support Order Parent-Child Relationship
☐Landlord/Tenant ☐Non-Competition ☐Partnership ☐Other Contract:	☐ Premises Product Liability ☐ Asbestos/Silica ☐ Other Product L List Product: ☐ Other Injury or Di	iability	xpunction idgment Nisi on-Disclosure eizure/Forfeiture /rit of Habeas Corpus— re-indictment ther:	☐ Enforce Forei Judgment ☐ Habeas Corpu ☐ Name Change ☐ Protective Ore ☐ Removal of D of Minority ☐ Other:	ıs : ler	□ Adoption/Adoption with Termination □ Child Protection □ Child Support □ Custody or Visitation □ Gestational Parenting □ Grandparent Access □ Parentage/Paternity □ Termination of Parental Rights
Employment		Other Civil	D I.			Other Parent-Child:
☐ Discrimination ☐ Retaliation ☐ Termination ☐ Workers' Compensation ☐ Other Employment:	☐Administrative A ☐Antitrust/Unfair Competition ☐Code Violations ☐Foreign Judgmet ☐Intellectual Prop	☐ Po ☐ So ☐ To nt 又 O	awyer Discipline erpetuate Testimony ecurities/Stock ortious Interference other: Prompt Ry Act			
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☐ Tax Appraisal ☐ Tax Delinquency ☐ Other Tax	Probate/Wills/Intes Dependent A Independent A Other Estate	dministration Administration		Guardianship—Adu Guardianship—Mir Mental Health Other:	or	-
3. Indicate procedure or remed Appeal from Municipal or Ju Arbitration-related Attachment Bill of Review Certiorari Class Action		Declaratory Judes Garnishment Garnishm		☐Prote ☐Rece ☐Sequ	estration oorary Restr	nedy aining Order/Injunction

STATE OF TEXAS COUNTY OF DALLAS

I, GARY FITZSIMMONS, Clerk of the District of Dailas County. Texas, do hereby certify that I have compared this instrument to be a true and correct copy of the original as appears of record in my office.

GIVEN UNDER MY HAND AND SEAL of said Court, at office in Dallas, Texas, this 15th day of august. A.D. 2011.

GARY FITZSIMMONS, DISTRICT CLEAK

DALLAS COUNTY, JEXAS
By Belly P. Doming

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FORM NO. 353-3 - CITATION THE STATE OF TEXAS

To:

PRINCIPAL LIFE INSURANCE COMPANY BY SERVING ITS REGISTERED AGENT CORPORATION SERVICE COMPANY 211 EAST 7TH STREET SUITE 620 AUSTIN TX 78701



GREETINGS:

You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10 o'clock a.m. of the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you. Your answer should be addressed to the clerk of the **298th District Court** at 600 Commerce Street, Ste. 101, Dallas, Texas 75202.

Said Plaintiff being TEAM HEALTHCARE/DIAGNOSTIC CORPORATION

Filed in said Court 18th day of July, 2011 against

PRINCIPAL LIFE INSURANCE COMPANY

For Suit, said suit being numbered <u>DC-11-08856</u>, the nature of which demand is as follows: Suit on **OTHER** (**CIVIL**) etc. as shown on said petition, a copy of which accompanies this citation. If this citation is not served, it shall be returned unexecuted.

WITNESS: GARY FITZSIMMONS, Clerk of the District Courts of Dallas, County Texas. Given under my name and the Seal of said Court at office this 20th day of July, 2011.

ATTEST: GARY FITZSIMMONS, County of Dallas, County, Texas

Deputy

ATTY

CITATION

DC-11-08856

TEAM HEALTHCARE/DIAGNOSTIC CORPORATION

vs.
PRINCIPAL LIFE INSURANCE
COMPANY

ISSUED THIS 20th day of July, 2011

GARY FITZSIMMONS Clerk District Courts, Dallas County, Texas

By: SACHEEN ANTHONY, Deputy

Attorney for Plaintiff

Marguerite Broussard 320 Decker Drive Suite 100 Irving Tx 75062 972-719-2627

DALLAS COUNTY CONSTABLE

FEES

EES NOT

CAUSE NO. DC-11-08856

RETURN

Came to my hand: 07/20/2011, at 3:30 o'clock P.M.			
☐ Citation ☐ Plaintiff's Original Petition ☐ Causes of Action			
Executed by me on: $7/21$, 2011 at $2'.45$ o'clock P .M.			
Executed at 211 E. 7 th St., Suite 620, Austin, TX 78701 within the county of Travis, by delivering to Principal Life Insurance via its registered agent Sue Vertrees of Corporation Service Company, in person, a true copy of the above specified civil process, having first endorsed on such copy the date of delivery.			
Not executed:			
I am over the age of 18; and I am not a party to nor interested in the outcome of the above styled and numbered suit.			
By: Corin E. Sparre #SCH5626 SPARRE PROCESS SERVING			
STATE OF TEXAS VERIFICATION			
Before me, a notary public, on this day personally appeared the above named person, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements and facts therein contained are within his/her personal knowledge to be true and correct.			
SUBSCRIBED AND SWORN TO BY Corin Sparre, on this the day of July, 2011 to attest witness my hand and seal of office.			
TINA M. DELUCA Notary Public in and for the State of Texas			

STATE OF TEXAS COUNTY OF DALLAS

I, GARY FITZSIMMONS, Clark of the District of Dallas County, Texas, do hereby certify that I have compared this instrument to be a true and correct copy of the original as appears of record in my office.

GIVEN UNDER MY HAND AND SEAL of said Court, at office in Dallas, Texas, this 15th day of August, A.D., 2011.

GARY FITZSIMMONS, DISTRUCT CLERK

4

Fifed 11 August 15 P3:38 Gary Fitzsimmons District Clerk Dallas District

CAUSE NO. DC-11-08856

TEAM HEALTHCARE/DIAGNOSTIC	§	IN THE DISTRICT COURT
CORPORATION,	§	
	§	
Plaintiff,	§	
	§	
v.	§	DALLAS COUNTY, TEXAS
	§	
PRINCIPAL LIFE INSURANCE	§	
COMPANY,	§	
	§	
Defendant.	8	298 TH JUDICIAL DISTRICT

DEFENDANT'S ORIGINAL ANSWER

Defendant Principal Life Insurance Company ("Principal Life") files this answer to the original petition ("Petition") of Plaintiff Team Healthcare/Diagnostic Corporation ("Plaintiff") and states:

- 1. <u>General Denial</u>. Subject to such admissions and stipulations as may be made at or before the time of trial, Defendant denies generally and specially the material allegations contained in the Petition and demands strict proof thereof in accordance with the requirements of the laws of this state.
 - 2. Request for Relief. Defendant requests the following relief:
 - a. that Plaintiff take nothing by reason of its suit;
 - b. that Defendant be dismissed with its costs and attorney's fees; and
 - c. that Defendant have all such other and further relief, both general and special, at law and in equity, to which it may show itself justly entitled.

Respectfully submitted,

By: s/ Doug K. Butler
Doug K. Butler
State Bar No. 03516050

FIGARI & DAVENPORT, L.L.P. 3400 Bank of America Plaza 901 Main Street Dallas, Texas 75202-3796 (214) 939-2006 (214) 939-2090 (Telecopy)

ATTORNEY FOR DEFENDANT PRINCIPAL LIFE INSURANCE COMPANY

CERTIFICATE OF SERVICE

I hereby certify that the foregoing document was served via certified mail, return receipt requested, on the parties listed below, on this the 15th day of August, 2011:

Marguerite Broussard Attorney at Law 320 Decker Drive, Suite 100 Irving, Texas 75062

Allen R. Weed Attorney at Law 10440 N. Central Expressway, Suite 100 Dallas, Texas 75231

s/ Doug K. Butler
Doug K. Butler